

**NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS**

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number	Course Name					PRIORITY _____ of _____					
Course Date(s)	Course Location					Course Tuition (if required)					
Course Coordinator Name (First Last)				Coordinator Phone (Voice/Fax)		Coordinator E-Mail					
Nominee's Name (First MI Last)						Date Submitted					
Working Job Title						E-Mail					
Agency Name						Fax					
Home Unit					Nominee's Mailing Address (if different)						
Street					Street						
City				State		City				State	
Zip		Telephone				Zip		Telephone			
List training completed and dates pertinent to this course:											
List your past qualifications pertinent to this course:											
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)											
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)											
Remarks:											

Course Name:

Nominee Name:

PART II AGREEMENT TO COLLECT FUNDS (Complete only if there is a tuition charge)
Please check the section appropriate to the legal authority to collect monies and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed. Note: Tribal governments are not covered by the Intergovernmental Cooperation Act of 1968.

_____ **NON-FEDERAL AGENCIES:** Contractor, states, local governments engaged in fire suppression and protection of public lands. This training, payment, and collection is duly authorized under the Intergovernmental Cooperation Act of 1968 as amended by the act of September 13, 1982 (P.L 97-258), Section 6505. The NWCG Interagency Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signature is also certifying services requested cannot be procured reasonably and expeditiously through ordinary business channels and funds are available. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include required fiscal references)

_____ **OTHER FEDERAL AGENCIES:** This training, payment, and collection is duly authorized under Section 601 of the Economy Act of June 30, 1932 (31 USC 1535) as amended. The NWCG Interagency Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include agency location)

Agreement Number: _____

_____ **SAME AGENCY AS PROVIDER:** The NWCG Interagency Training Nomination constitutes agreement to pay charges as outlined in nomination materials. Authorizing signature certifies funds are available for this purpose.

COMPLETE CHARGE CODE: (Include unit identifiers)

ADDRESS/SIGNATURE:

Billing address if different than Sponsor or Agency Address:

AUTHORIZED TO EXPEND FUNDS
LISTED ABOVE:

Signature

Title

Date

AGREES TO PROVIDE TRAINING
REQUESTED:

Signature

Title

Date